COMMONWEALTH OF KENTUCKY INFORMATION FOR BOARDS AND COMMISSIONS

Return Completed Form To: Virginia L. Woodward, Executive Director, Boards and Commission Governor's Office Suite 132, State Capitol Frankfort, KY 40601 (FAX 502/564-0437)		Please indicate Boards/Commissions you wish to consider							
Your Name (Last, First, Middle)		*County		*Congressional District					
Mr. Ms.									
Mrs. Home Address				State	State		Zip		
Date of Birth		*Party Affiliation: Dem. I (Underline one)			Rep. Ind. Race				
Your Occupation			Business Phone Number & Fax Number			Residence Phone Number			
Email address			Mobi				le Number		
Current Employer E			Business Address						
spouse's Name Sp			Spouse's Employer						
EDUCATION AND GENE	ERAL Q	UAL	IFICATIONS	5:					
Level	Name o	f School		No. Years Attended	Did yo Gradua		Major Course Study	Course(s) of	
High School				/ VIICHGCG	- Gradu		Dittiy		
College/Other									
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.									
HAVE YOU EVER BEEN CONV	/ICTED (OF A F	ELONY? II	F YES, PLEASE I	NDICATE	CHARGE	, DATE ANI	PLACE.	
REFERENCES (List two persons	not relate	d to yo	u, whom you hav	e known for at lea	st one year)			
Name Add:		dress		Phone Number		Years Acquainted		inted	
	_								
*Necessary for certain boards to c PLEASE SUBMIT CURRENT			law in regard to	balance					
DATE:			SIGN	NATURE:					